



**RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

235 Promenade Street, Providence, RI 02908-5767

TDD 401-222-4462

UNDERGROUND STORAGE TANK (UST) REGISTRATION FORM

If you are a tank owner, operator or own property (owner/operator) where a tank is located, you are considered responsible for the UST located at the facility. Please fill out the attached form indicating all USTs located at the facility that are currently in use or that will be brought into use, and which contains or will contain a "regulated substance".

NEW AND REPLACEMENT TANKS AND/OR PRODUCT PIPING

An owner/operator must apply for a certificate of registration before commencing construction. Upon receipt and review of a complete application and installation plans, written approval will be issued.

No person shall commence construction of a new facility, replacement UST system, or a substantial modification to a UST system (including product piping replacement) until a written letter of approval has been issued authorizing the installation.

REGISTRATION FEE

Upon receipt of a completed application, the Department shall send an invoice for the payment of registration fees. Once the payment is received, a certificate of registration will be issued to the facility.

All owners/operators who hold valid certificates of registration shall pay an annual registration fee of \$75.00 for each underground storage tank so registered, except:

- Owners/operators of one, two or three family dwellings with tanks used for storing fuel for residential heating purposes (consumed solely on site);
- Owners/operators of farm tanks storing fuel for heating purposes (consumed solely on site);
- Federal, state and local governments;
- Nonprofit fire districts.

HOW TO COMPLETE REGISTRATION FORM

Print in ink or type all items. Assign each tank a number and maintain that number consistently throughout this form and site plan. In Section VII of this registration form, mark each box with an "X" if it is applicable to the associated tank.

PLEASE MAIL COMPLETED REGISTRATION FORMS TO:

Department of Environmental Management
Division of Waste Management
Underground Storage Tank Section
235 Promenade Street
Providence, Rhode Island 02908

If you have any questions, please call the Underground Storage Tank Section at (401) 222-2797 for assistance.



STATE OF RHODE ISLAND
UNDERGROUND STORAGE TANK
REGISTRATION FORM
FOR EXISTING TANKS, REPLACEMENT TANKS,
AND INSTALLATION OF NEW TANKS

DEM USE ONLY

Registration # _____
Town Code _____
Sub Code _____
Data Entry Initials _____

CHECK ALL THAT APPLY

☐ New Facility

☐ Replacement Facility

☐ Never Registered

☐ Previously Registered Facility

☐ Transfer of Ownership/New Owner

I. FACILITY INFORMATION

Name of Facility:			
Facility Address:			
City:	State:	Zip:	Phone: ()
Contact Person:	Job Title:		
Assessor's Plat:	Assessor's Lot:		

II. PROPERTY OWNER INFORMATION

Name of Owner:			
Owner's Address:			
City:	State:	Zip:	Phone: ()
Contact Person:	Job Title:		
Ownership (please check one):			
<input type="checkbox"/> Corporate/Ltd. Partnership	<input type="checkbox"/> Municipal	<input type="checkbox"/> State	<input type="checkbox"/> Individual/Partnership
<input type="checkbox"/> Federal (GSA Facility ID# _____)			
<input type="checkbox"/> Other (please specify): _____		Date Ownership Acquired: _____	
Date Operation Commenced: _____			

III. FACILITY OPERATOR INFORMATION (☐ Same as Property Owner)

Name of Operator:			
Operator's Address:			
City:	State:	Zip:	Phone: ()
Contact Person:	Job Title:		
Ownership (please check one):			
<input type="checkbox"/> Corporate/Ltd. Partnership	<input type="checkbox"/> Municipal	<input type="checkbox"/> State	<input type="checkbox"/> Individual/Partnership
<input type="checkbox"/> Federal (GSA Facility ID# _____)			
<input type="checkbox"/> Other (please specify): _____		Date Operation Commenced: _____	

IV. TANK OWNER INFORMATION (☐ Same as Property Owner ☐ Same as Facility Operator)

Name of Tank Owner: _____			
Mailing Address: _____			
City: _____	State: _____	Zip: _____	Phone: () _____
Contact Person: _____		Job Title: _____	
Ownership (please check one): <input type="checkbox"/> Corporate/Ltd. Partnership <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Individual/Partnership <input type="checkbox"/> Federal (GSA Facility ID# _____) <input type="checkbox"/> Other (please specify): _____ Date Ownership Acquired: _____			

V. FACILITY CLASSIFICATION

<input type="checkbox"/> (A) Farm	<input type="checkbox"/> (ES) Education/State	<input type="checkbox"/> (ET) Education/Town
<input type="checkbox"/> (EP) Education/Private	<input type="checkbox"/> (P) Private Residence	<input type="checkbox"/> (M) Multiple Residence
<input type="checkbox"/> (C) Commercial	<input type="checkbox"/> (I) Industrial	<input type="checkbox"/> (G) Gasoline Station
<input type="checkbox"/> (S) State Government	<input type="checkbox"/> (F) Federal Government	<input type="checkbox"/> (T) City/Town Government
<input type="checkbox"/> (FD) Nonprofit Fire District	<input type="checkbox"/> (O) Other (please specify): _____	

VI. REGULATORY INFORMATION

Does the Facility have a drinking water well?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, how far from the nearest tank? _____ ft.		
Is the facility within 400 feet of any public water supply wells or reservoirs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the facility within 200 feet of any facility served by a private well?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the facility in or adjacent to State-regulated freshwater wetlands (including, but not limited to, swamps, ponds, marshes, watercourses, or 100-year floodplain)?	<input type="checkbox"/> Unknown	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, Application or Complaint Number (if available): _____		
Have any leaks or spills ever occurred at this facility?	<input type="checkbox"/> Unknown	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, an incident report must be attached to this application.		
Are recovery wells installed around this facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are groundwater monitoring wells installed around this facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the facility have financial responsibility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, Insurer: _____ Policy Number: _____		

VII. TANK & PIPING INFORMATION (If more than 5 tanks - copy pages 3 & 4 and complete for additional tanks)

[illegible]

TANK	Tank No. 1	Tank No. 2	Tank No. 3	Tank No. 4	Tank No. 5
Monitoring & Leak Detection System: (Check all that apply) line leak detection (piping) <input type="checkbox"/> sump monitoring (piping) <input type="checkbox"/> continuous in-tank gauging system <input type="checkbox"/> continuous interstitial space tank monitoring <input type="checkbox"/> groundwater monitoring wells <input type="checkbox"/> precision test (tank & piping) (provide copies) <input type="checkbox"/> other (specify) _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overfill Prevention Equipment: high-level alarm <input type="checkbox"/> flow restriction float vent valve <input type="checkbox"/> automatic shut-off valve <input type="checkbox"/> other (specify) _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Prevention Equipment: spill containment basin <input type="checkbox"/> shear valve/impact valve (pressurized piping) <input type="checkbox"/> check valve (suction piping) <input type="checkbox"/> other (specify): _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Stored or to be Stored (mark only one box): (02) heating oil (No. 2) - consumed on site <input type="checkbox"/> (2C) heating oil (No. 2) - consumed off site <input type="checkbox"/> (04) heating oil (No. 4) - consumed on site <input type="checkbox"/> (4C) heating oil (No. 4) - consumed off site <input type="checkbox"/> (05) heating oil (No. 5) - consumed on site <input type="checkbox"/> (5C) heating oil (No. 5) - consumed off site <input type="checkbox"/> (06) heating oil (No. 6) - consumed on site <input type="checkbox"/> (6C) heating oil (No. 6) - consumed off site <input type="checkbox"/> (1D) light diesel fuel (No. 1-D) <input type="checkbox"/> (2D) medium diesel fuel (No. 2-D) <input type="checkbox"/> (01) number 1 kerosene <input type="checkbox"/> (UG) regular/midgrade unleaded gasoline <input type="checkbox"/> (SU) super unleaded gasoline <input type="checkbox"/> (GH) gasohol (alcohol-gasoline blend) <input type="checkbox"/> (DS) diesel <input type="checkbox"/> (AG) aviation gasoline <input type="checkbox"/> (JA) jet A <input type="checkbox"/> (WO) waste oil <input type="checkbox"/> (MO) motor oil <input type="checkbox"/> (MX) mixture (specify) _____ <input type="checkbox"/> hazardous material (specify) _____ <input type="checkbox"/> CERCLA number: _____ <input type="checkbox"/> CAS number: _____ <input type="checkbox"/> (98) empty/no contents <input type="checkbox"/> (99) unknown <input type="checkbox"/> other (specify) _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. FACILITY SITE PLAN

EXISTING FACILITY

If a detailed plan is not available, this space is provided for a site plan drawing of all equipment locations for facilities already in existence (see requirements in Rule 6, Facility Registration and Notification, of the RI DEM Rules and Regulations For Underground Storage Facilities Used For Petroleum Products and Hazardous Materials).

NEW FACILITY

If a new facility, a set of detailed engineering plans certified by a Registered Professional Engineer and project specifications including operation and maintenance requirements is required with this application (see Rule 6, Facility Registration and Notification, of regulations). **All new facilities cannot use this space, separate installation plans must be submitted with this application.**

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to be the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Signature _____

Date _____

Print Name and Title _____

Please specify:

☐ Owner

☐ Operator

☐ Property Owner